## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where m

appropriate. All further indicated unless correct maintenance fee notifica	ed below or directed oth	ng the Patent, advance on nerwise in Block 1, by (a	a) specifying a new corre	spondence address;	and/or (b) indicating a sep	arate "FEE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
7590 04/05/2010  Edwin V Merkel Nixon Peabody LLP - Clinton Square 1100 Clinton Square				Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
P.O Box 31051 Rochester, NY <del>14603-1051</del> 14604				(Depositor's name)			
Rochester, 141	4003-1037 1 100 1					(Signature)	
						(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/552,095 10/04/2005 David Harry Fortune 2308/560 4198 TITLE OF INVENTION: TISSUE-ADHESIVE FORMULATIONS							
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	YES	\$755	\$300	\$0	\$1055	07/06/2010	
EXAM	INER	ART UNIT	CLASS-SUBCLASS	]			
DICKINSON, PAUL W		1618	424-445000	,			
Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).      Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.      "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(1) the names of up to or agents OR, alternati (2) the name of a sing registered attorney or 2 registered patent atto listed, no name will be	ne of a single firm (having as a member a attorney or agent) and the names of up to dipatent attorneys or agents. If no name is ame will be printed.			
PLEASE NOTE: Un recordation as set fort (A) NAME OF ASSI-	less an assignee is ident h in 37 CFR 3.11. Comp GNEE d Limited	ified below, no assignee pletion of this form is NO	(B) RESIDENCE: (CIT)  Leeds, U	NT (print or type)  ppear on the patent. If an assignee is identified below, the document has been filed for the for filing an assignment.  DENCE: (CITY and STATE OR COUNTRY)  Leeds, United Kingdom  patent): Individual Corporation or other private group entity Government			
Please check the appropr	iate assignee category or	categories (will not be pr	rinted on the patent):	Individual X Cor	poration or other private gr	oup entity  Government	
4a. The following fee(s) are submitted:  Issue Fee  Publication Fee (No small entity discount permitted)  Advance Order - # of Copies			☐ A check is enclosed. ☐ Payment by credit car	Payment of Fec(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 141138 (enclose an extra copy of this form).			
5. Change in Entity Sta			Dh. Annligant is no lon	gar claiming SMAI	L ENTITY status. See 37 C	'FR + 27(a)(2)	
NOTE: The Issue Fee an	s SMALL ENTITY stand d Publication Fee (if req	uired) will not be accepte	d from anyone other than			the assignee or other party in	
Authorized Signature	She	ntes Patent and Trademark	COffice.	Date A	ril 19,200	0	
Typed or printed nam	E1 ' *7	Merkel		•	. 40 <u>,087</u>		
	tiality is governed by 35 d application form to the ions for reducing this bu /irginia 22313-1450. DO					nd by the USPTO to process) ng gathering, preparing, and ime you require to complete partment of Commerce, P.O. for Patents, P.O. Box 1450,	

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.